

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/834,312

FILING DATE

APPLICANT(S)

		4-5-04		10-18-04		CLAIMS		* 4-5-04		* 10-18-04				
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.	4		4			
TOTAL DEP.								TOTAL DEP.	30		30			
TOTAL CLAIMS								TOTAL CLAIMS	34		34			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS